

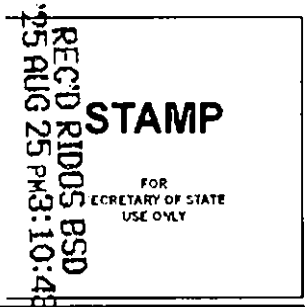


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 001699955		2. Exact name of the Corporation Screenplayed Inc.	
3. Principal Office Address 530 Long Highway		City Little Compton	State RI
		Zip 02837	
4. NAICS Code 512110	6. Brief description of the character of business conducted in Rhode Island Development, writing, and production of digital media content, including original films for theatrical release and streaming platforms, as well as promotional videos and branded content		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John Kinnane		Vice-President Name John Kinnane	
Street Address 530 Long Highway		Street Address 530 Long Highway	
City Little Compton	State RI	City Little Compton	State RI
Zip 02837		Zip 02837	
Secretary Name John Kinnane		Treasurer Name John Kinnane	
Street Address 530 Long Highway		Street Address 530 Long Highway	
City Little Compton	State RI	City Little Compton	State RI
Zip 02837		Zip 02837	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name John Kinnane		Director Name	
Street Address 530 Long Highway		Street Address	
City Little Compton	State RI	City	State
Zip 02837		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		10,000	CWP
			\$ 0.0100
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative John Kinnane			Date 4/30/25
Signature of Authorized Representative			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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